FORM ROC-DP-10 045

# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION REPORT OF CHANGE - INTEREST AND DIVIDENDS TAX RETURN

IRS ADJUSTMENT ONLY

STEP 1 Please Print or Type	LAST	NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUME	BER				
	SPOL	JSE'S LAST NAME	SPOUSE'S SOCIAL SECU	SPOUSE'S SOCIAL SECURITY NUMBER					
	NAME	OF PARTNERSHIP OR FIDUCIARY	FEDERAL EMPLOYER IDI	ENTIFICATION NUMBER					
	NUMI	NUMBER & STREET ADDRESS							
	ADDF	ADDRESS (Continued)							
	CITY	CITY/TOWN, STATE & ZIP CODE							
STEP 2	MINDIVIDUAL OR MINDIV								
Entity Type		☐ ① INDIVIDUAL OR ☐ ① JOINT ☐ ③ PARTNERSHIP ☐ ④ FIDUCIARY % of NH Ownership							
and Mailing Information		☐ Check here if you would like your forms mailed to an address other than the above. (See instructions)							
inior mation	<u> </u>	Number & Street Address (	City/Town	State	Zip Code				
STEP 3		NITIAL RETURN: Date established residency							
Special Return Type		FINAL RETURN: Date abandoned residency			Mo Day Year				
itetum Type		FINAL RETURN: Deceased taxpayer: Social Security N			Mo Day Yea				
			Number —	Date of death	Mo Day Year				
STEP 4		AMENDED RETURN: For report of change.  COMPLETE NUMBERS 1 - 5 ON PAGE 2 BEFORE COMPUTING TAX USING CHANGES AS REPORTED BY THE IRS							
	_				IKS				
STEP 5 Figure Your	6	Gross Taxable Income (Page 2, line 5) Less: \$2,400 Individual, Partnership, and Fiduciary; \$							
Net Taxable	1	Adjusted Taxable Income (Line 6 less line 7)							
ncome		For Individual/Joint filers only: If line 8 is zero or less removed from our mailing list check here, sign below	s, you are not required to file for	r this tax period. If you	would like to be				
		Temoved from our maining list check field, sign below	in the and mail in the return						
	9	Deduction for Contribution to Qualified Investment Ca		ns) 9					
	10		ouse Blind	or dischlad					
		Specific Spe							
	11	Total number of boxes checked  Net Taxable Income (Line 8 less lines 9 and 10)							
STEP 6									
Figure Your	12	New Hampshire Interest and Dividends Tax (Line	Г	12					
Tax, Credits, Interest and	13	Payments: (a) Tax paid with Application for Extens							
Penalties		<ul><li>(b) Payment from 2000 Declaration of E</li><li>(c) Credit carryover from prior years</li></ul>	· · · · F						
		(d) Paid with original return		13					
	14	Balance of Tax Due (Line 12 less line 13)		14					
	15	Additions to Tax: (a) Interest (See instructions)	` ′ ⊦						
		(b) Failure to Pay (See instruction							
		(c) Failure to File (See instruction (d) Underpayment of Estimated T	` ` ' <del> </del>	15					
STEP 7	16	. , , , ,	, , , , ,	ampshire 16					
Balance	1	Total Balance Due (Line 14 plus line 15) Make chec		ayment with this return.					
Due or Overpayment		OVERPAYMENT (Line 13 less line 12 adjusted by line Amount of line 17 to be applied to: (a) Your 2001 t	, ,	18(2)					
FOR DRA USE ON	<del></del> ,	,	ease allow 12 weeks for proc	` '					
		Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.							
		ii prepared by a person other than the taxpayer, this c	deciaration is based on all inion	nation of which the prep	arer nas knowledgi				
		Signature (in ink)	Date Signature (in ink) of Paid I	Preparer Other Than Taxpayer					
		If joint return, BOTH husband & wife must sign, even if only one had income	e. Date Preparer's Tax Identificati	on Number	Date				
		NIH DEDT OF DEVENHIE ADMINISTRAT	TION						
		NH DEPT OF REVENUE ADMINISTRAT MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 2035	Preparer's Address						

FORM ROC-DP-10

# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION REPORT OF CHANGE - INTEREST AND DIVIDENDS TAX RETURN - 2000

## IRS ADJUSTMENT ONLY

1 From Yo (Partnershi)	ur Federal 1040 Income Tax Return a os and Fiduciaries, see Instructions	s reported on the final determin )	ation received from the	IRS:
(a)	Interest Income. Enter the amount from	line 8(a)	1	(a)
(b)	Dividend Income. Enter the amount from	m line 9	1(	(b)
(c)	Federal Tax Exempt Interest Income. En	nter the amount from line 8(b)	10	(c)
2 List Paym	ents From S-Corporations, Partnerships,	and Fiduciaries: (See instructions)		
Entity code	es: 2="S" Corporations; 3=Partnerships;	4=Trusts or Estates; 5=Other		
(I) ENTITY CODE	(II) NAME OF PAYER	(III) PAYER'S IDENTIFICATION NUMBER	(IV) DISTRIBUTION AMOUNT	
	Total from supple	emental schedule attached		
2 Total Dis	tributions			2
	Sum of lines 1(a), 1(b), 1(c) and 2			
4 List payers	and amounts of interest and/or dividend	s NOT TAXABLE to NH included on	lines 1(a), 1(b), 1(c), and/	/or 2: (See instructions)
(I) REASON CODE	(II) NAME OF PAYER	(III) PAYER'S IDENTIFICATION NUMBER	(IV) NON-TAXABLE AMOUNT	
•	om supplemental schedule attached	4(a		
	al of non-taxable income	4(k		
4(c) Part-ye	ear resident non-taxable pro-rata share	(see instructions) 4(c	)	
4 Total N	on-Taxable Amount			4
Gross Ta	cable Income (Line 3 minus line 4). ENTE	R THIS AMOUNT ON PAGE 1, LINE	6	5

FORM ROC-DP-10 Instructions

#### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## REPORT OF CHANGE INTEREST AND DIVIDENDS TAX - 2000 INSTRUCTIONS

IRS ADJUSTMENT ONLY

WHO MUST FILE A RETURN	INDIVIDUALS: Individuals who are residents or inhabitants of the state for any part of the tax year must file providing they recommend than \$2,400 of taxable interest and/or dividend income for a single individual or \$4,800 of such income for a married couple a joint New Hampshire return. (Part-year residents see below.)  To determine whether a return must be filed, you should complete step 1 through step 5, line 8.		
	If the amount on line 8 is \$0 or less you are not required to file an Interest and Dividends Tax Return. Please check the box under line 8, sign in ink, and mail the form so that we may remove you from our mailing list.  PARTNERSHIPS, ASSOCIATIONS, TRUSTS AND FIDUCIARIES: Please see separate instructions on page (5).		
JOINT FILERS	To ensure your payments are credited to your account, the sequence of names and social security numbers must be consistent on all Interest and Dividends Tax estimates, extensions and returns.		
PART YEAR RESIDENCY	For New Hampshire Interest & Dividends Tax purposes, a "part year resident" is someone who has permanently established residency in New Hampshire during the year or who has permanently abandoned residency in New Hampshire during the year.		
	If you <b>established</b> residency after January 1, 2000, check the "Initial Return" box and enter the date of residency in Step 3. If you <b>abandoned</b> residency during the year, check the "Final Return" box and enter the date in Step 3.		
	A temporary absence for any length of time does not change your state of residency. If you are unsure whether you are a resident of New Hampshire, please call the Taxpayer Assistance Office (603) 271-2186, Monday through Friday, 8:00 a.m. to 4:30 p.m.		
	Part-year residents are entitled to the full \$2,400 exemption (or \$4,800 for joint filers) and the full amount for the exemptions shown in Step 5, Line 10 of the return.		
	Part-year residents must file a return if, during the entire year, their taxable income was over \$2,400 (or over \$4,800 for joint filers). However, only the interest and dividend income earned during that portion of the year for which they were a New Hampshire resident is taxable.		
WHEN TO FILE	Pursuant to RSA 77:24-b, a Report of Change must be filed with the department no later than 6 months froom receipt of a final determination of adjustments from the Internal Revenue Service.		
WHERE TO FILE	MAIL TO:  NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD, NH 03302-2035  CONCORD, NH 03302-2035  CONCORD, NH 03302-2035		
CONFIDEN- TIAL INFORMA- TION	Tax information which is disclosed to the New Hampshire Department of Revenue Administration is held in strict confidence by law. The information may be disclosed to the United States Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by New Hampshire Revised Statutes Annotated 21-J:14.		
SOCIAL SECURITY NUMBERS	Disclosure of Social Security Numbers is mandatory under Department of Revenue Administration rules 203.01, 221.02, 221.03. This information is required for the purpose of administering the tax laws of this state and authorized by 42 U.S.C.S. § 405 (c)(2)(C)(i). The failure to provide Social Security Numbers may result in a rejection of a return or application. The failure to timely file a return or application complete with Social Security Account Numbers may result in the imposition of civil or criminal penalties, the disallowance of claimed exemptions, exclusions, credits, deductions or adjustments that may result in increased tax liability.		
ROUNDING OFF	Money items on all Interest and Dividends Tax forms may be rounded off to the nearest whole dollar.		
NEED HELP	Call the Taxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 am to 4:30 pm. All written correspondence to the department should include the taxpayer name, federal employer identification number or social security number, the name of a contact person and a daytime telephone number.		
NEED FORMS	To obtain additional forms or forms not contained in this booklet, please call (603) 271-2192. Copies of the state tax forms may also be obtained from our website at www.state.nh.us/revenue or by visiting any of the 21 depository libraries located throughout the state.		

FORM
ROC-DP-10
Instructions

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION REPORT OF CHANGE INTEREST AND DIVIDENDS TAX - 2000

#### IRS ADJUSTMENT ONLY

#### **LINE-BY-LINE INSTRUCTIONS**

STEP 1 If you have received a booklet of tax forms and instructions, type or print the name and address in the space provided. Individual/Joint returns must include social security number and, if applicable, spouse's social security number in the space provided. For partnership or fiduciary returns, enter the federal identification number in the space provided. Entity type. You must check only one box. If a partnership return, enter the percentage of ownership by New Hampshire residents. If a fiduciary return, enter the percentage of NH beneficiaries. STFP 2 Forms mailing information: If you will not be at your New Hampshire mailing address when the forms are mailed on approximately January 2nd and if you would like forms mailed to a winter address, please check the box and provide the address. **This address** will be used for form mailing purposes only. Check the appropriate box, if any, of the questions which apply to this return and enter the information requested. STEP 3 Complete PAGE 2 of the return. See PAGE 2 Instructions. STEP 4 To figure your net taxable income, complete lines 6 through 11. For Individual /Joint filers ONLY, if line 8 is zero, you are not required STEP 5 to file a return. Please check the box under line 8 and submit the return so that we can remove you from our mailing list. If your filing requirements change, please contact the Department of Revenue Administration at (603) 271-2186. Line 9: Deduct here the amount of any cash contribution made during the taxable period to a qualified investment capital company as defined in RSA 77-A:1,XXIV. (The return of any such contributions received within the next three subsequent periods is taxable and should subsequently be included in Line 2.) Figure your Interest & Dividends Tax by multiplying line 11 by 5%. Enter the tax on line 12. STEP 6 Calculate the tax due by subtracting your payments (line 13a through 13d) from the tax you calculated (line 12). Enter the remainder, balance of tax due, on line 14. Figure your penalties, if any, as follows: INTEREST. Interest is calculated on the balance of tax due from the original due date to the date paid at the applicable rate listed below. Tax due x number of days from due date to date tax was paid x daily rate decimal equivalent. X Enter on line 15(a). Daily decimal rate equivalent Number of days Interest due NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates are as follows: (contact the department for applicable rates for any other years) DAILY RATE DECIMAL EQUIVALENT **PERIOD RATE** 1/1/2002 - 12/31/2002 9% .000247 1/1/2001 - 12/31/2001 11% .000301 1/1/1999 - 12/31/2000 10% .000274 1/1/1998 - 12/31/1998 11% .000301 Prior to 1/1/98 15% .000411 FAILURE TO PAY: A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay the tax when due and the failure to pay is due to willful neglect or intentional disregard of the law but without intent to defraud. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment. FAILURE TO FILE: A taxpayer failing to timely file a complete return will be subject to a penalty equal to 5% of the tax due for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or \$50. Calculate this penalty starting from the original due date of the return until the date a complete return is filed. UNDERPAYMENT PENALTY: If your tax is more than \$200 you were required to file estimated tax payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimated tax or to determine if you qualify for an exception from filing estimated payments, complete and attach Form DP-2210/2220. Form DP-2210/2220 may be obtained by calling the Department of Revenue Administration forms line at (603) 271-2192. Enter the total of lines 15(a) through 15(d) on line 15. Note: Taxpayers who substantially understate their tax on line 14 may be assessed a penalty by the Department in the amount of 25% of any underpayment of the tax resulting from such understatement. A substantial understatement is one which exceeds the greater of 10% of the amount of tax (line 14) or \$5,000. If your Interest & Dividends tax (line 12) plus interest and penalties (line 15) is greater than your payments (line 13), then enter on line STEP 7 16 your balance of tax due. If less than \$1.00, do not pay but still file the return. Make check or money order payable to: State of New Hampshire. Payment must accompany the return; HOWEVER, PLEASE ENCLOSE, BUT DO NOT STAPLE OR TAPE, YOUR PAYMENT WITH THE RETURN. To ensure your check is credited to your account, please put your social security or federal identification number on the check. If your total tax (line 12) plus interest and penalties (line 15) is less than your payments (line 13), then you have overpaid. Enter the overpayment amount on line 17. The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit on next year's return. Enter the desired credit on line 18(a). The remainder, which will be refunded, should be entered on line 18(b). If line 18(a) is not completed, the entire overpayment will be refunded. Please allow up to 12 weeks for the Department to process the refund. You MUST SIGN AND DATE your return. If you are filing a joint return, both husband and wife must sign and date the return even if only one of you had income. If you paid a preparer to complete this return, then the preparer must also sign and date the return. The preparer must also provide their federal identification number, social security number or federal preparer tax identification number and complete address.

FORM
ROC-DP-10
Instructions

### NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION REPORT OF CHANGE INTEREST AND DIVIDENDS TAX - 2000

#### E WITEKEOT AND BIVIDENDO

#### IRS ADJUSTMENT ONLY

#### **PAGE 2 INSTRUCTIONS**

constructively received from S corporations, a partnership with transferable shares, a trust or estate with transferance and adultifed investment capital company when the investment is returned within three deduction. These payments are subject to tax in NH as a "dividend". (Transferable means that you can freely without causing a dissolution of the organization or without prior approval of the other members.) All publicly tring this category. The payment you received or constructively received during the year may or may not correspond on your Schedule K-1. Flow-through interest and dividend income from these organizations should be bare other deductions also apply (e.g.capital gains, direct US government obligation, etc.) ALL NONTAXABLE INCOME ON LINE 4.  Line 2: In column I, enter the number which represents the type of entity of the payer. See the box below for EN In column II, enter the name of the payer. In column III, enter the payer's identification number, if known. In columamount of income (cash, property, etc.) received or constructively received. The column IV amount is the total a or constructively received from the payer during the year and may not correspond to any line on your IRS For Schedule K-1. NOTE: This is not a tax on pass-through losses or gains from a Schedule K-1. Therefore, dithrough losses or gains from Schedule K-1.  Entity Code 2 3 3 4  Entity Type S Corporations Partnerships Trusts or Estates Oil Entity Type S Corporations Partnerships Trusts or Estates Oil Entity Type S Corporations Partnerships Trusts or Estates Oil Entity Type In column II, enter the payer is identification number, if known. In column IV enter the non-taxable Reason Re	ne amount to be reported o be reported on line 1(a) ble to NH will be deducted						
income. For individuals and joint filers, the amount is from IRS Form 1040 or 1040A, line 8 (b). Unless specifi Hampshire law, all federally tax-exempt interest income is taxable to New Hampshire. NOTE: All federal tax-ex that is not taxable to NH will be deducted on line 4.  OTHER INCOME SUBJECT TO THE NH INTEREST AND DIVIDENDS TAX: List on line 2 the payme constructively received from S corporations, a partnership with transferable shares, a trust or estate with transferturn of capital from a qualified investment capital company when the investment is returned within three deduction. These payments are subject to tax in NH as a "dividend". (Transferable means that you can freely without causing a dissolution of the organization or without prior approval of the other members.) All publicly trin this category. The payment you received or constructively received during the year may or may not correspond on ny our Schedule K-1. Flow-through interest and dividend income from these organizations should be bar other deductions also apply (e.g.capital gains, direct US government obligation, etc.) ALL NONTAXABLE INCOME ON LINE 4.  Line 2: In column I, enter the number which represents the type of entity of the payer. See the box below for EN In column II, enter the name of the payer. In column III, enter the payer's identification number, if known. In colum amount of income (cash, property, etc.) received or constructively received. The column IV amount is the total or constructively received from the payer during the year and may not correspond to any line on your IRS For Schedule K-1. MOTE: This is not a tax on pass-through losses or gains from a Schedule K-1. Therefore, dithrough losses or gains from Schedule K-1.  Entity Type S Corporations Partnerships Trusts or Estates Of Entity Type S Corporations Partnerships Trusts or Estates Of Entity Type S Corporations Partnerships Trusts or Estates Of the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable Reason Liq							
constructively received from S corporations, a partnership with transferable shares, a trust or estate with transfer return of capital from a qualified investment capital company when the investment is returned within three deduction. These payments are subject to tax in NH as a "dividend". (Transferable means that you can freely without causing a dissolution of the organization or without prior approval of the other members.) All publicly tries in this category. The payment you received or constructively received during the year may or may not correspond on your Schedule K-1. Flow-through interest and dividend income from these organizations should be bar other deductions also apply (e.g.capital gains, direct US government obligation, etc.) ALL NONTAXABLE INCOME ON LINE 4.  Line 2: In column I, enter the number which represents the type of entity of the payer. See the box below for EN In column II, enter the name of the payer. In column III, enter the payer's identification number, if known. In columamount of income (cash, property, etc.) received or constructively received. The column IV amount is the total a or constructively received from the payer during the year and may not correspond to any line on your IRS For Schedule K-1. NOTE: This is not a tax on pass-through losses or gains from a Schedule K-1. Therefore, dithrough losses or gains from Schedule K-1.  Entity Code 2 3 3 4  Entity Type S Corporations Partnerships Trusts or Estates Oil  LINE 3  Enter on line 3 the sum of lines 1(a), 1 (b), 1(c), and 2.  LINE 4  INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH: In column I, enter the code number which reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In column the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable NH Municipal bond Interest 2 and Individual retirement account/Keogh plans/other exempt retirement plans 1 Individual retirement account/Keogh plans/other exempt retirement plans 1 I	pecifically exempt by New						
Entity Type S Corporations Partnerships Trusts or Estates Of Senter on line 3 the sum of lines 1(a), 1 (b), 1(c), and 2.  LINE 4 INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH: In column I, enter the code number which reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In column of the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable REASON REASON    1	Line 2: In column I, enter the number which represents the type of entity of the payer. See the box below for ENTITY TYPE CODES. In column II, enter the name of the payer. In column III, enter the payer's identification number, if known. In column IV, enter the total amount of income (cash, property, etc.) received or constructively received. The column IV amount is the total amount you received or constructively received from the payer during the year and may not correspond to any line on your IRS Form 1040 or your IRS Schedule K-1. NOTE: This is not a tax on pass-through losses or gains from a Schedule K-1. Therefore, do not add any pass-						
LINE 3  Enter on line 3 the sum of lines 1(a), 1 (b), 1(c), and 2.  INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH: In column I, enter the code number which reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In colum of the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable REASON  REASON  ODD  1 Direct US Government Obligations 2 NH Municipal bond Interest 3 Long or short term capital gains included in line 3 4 Individual retirement account/Keogh plans/other exempt retirement plans 5 Liquidating distributions 6 The partnership/trust is subject to the NH Interest & Dividends Tax 7 Interest or dividend income from a partnership/trust with non-transferable shares included in line	5						
LINE 4  INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH: In column I, enter the code number which reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In colum of the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable REASON  REASON  ODE  1 Direct US Government Obligations 2 NH Municipal bond Interest 3 Long or short term capital gains included in line 3 4 Individual retirement account/Keogh plans/other exempt retirement plans 5 Liquidating distributions 6 The partnership/trust is subject to the NH Interest & Dividends Tax 7 Interest or dividend income from a partnership/trust with non-transferable shares included in line	Other						
reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In colum of the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable    REASON							
CODE  1 Direct US Government Obligations 2 NH Municipal bond Interest 3 Long or short term capital gains included in line 3 4 Individual retirement account/Keogh plans/other exempt retirement plans 5 Liquidating distributions 6 The partnership/trust is subject to the NH Interest & Dividends Tax 7 Interest or dividend income from a partnership/trust with non-transferable shares included in line	INTEREST AND DIVIDENDS INCOME NOT TAXABLE TO NH: In column I, enter the code number which corresponds to the reason the income is not subject to the Interest and Dividends Tax. (See the box below for reason codes.) In column II, enter the name of the payer. In column III, enter the payer's identification number, if known. In column IV enter the non-taxable amount.						
2 NH Municipal bond Interest 3 Long or short term capital gains included in line 3 4 Individual retirement account/Keogh plans/other exempt retirement plans 5 Liquidating distributions 6 The partnership/trust is subject to the NH Interest & Dividends Tax 7 Interest or dividend income from a partnership/trust with non-transferable shares included in line							
9 Other (attach explanation) flow through interest from Sch K-1	2 NH Municipal bond Interest 3 Long or short term capital gains included in line 3 4 Individual retirement account/Keogh plans/other exempt retirement plans 5 Liquidating distributions 6 The partnership/trust is subject to the NH Interest & Dividends Tax 7 Interest or dividend income from a partnership/trust with non-transferable shares included in line 1(a) or 1(b) 8 Allocation to non-NH residents						
Individuals filing as part-year residents may deduct on line 4(c) the amount of taxable income earned while n Hampshire. To determine the annual taxable income for the pro-rata share calculation, subtract 4(b) the subtotal of from line 3, then apply the following calculation to that figure to determine the amount to enter on line 4(c), part-	PART-YEAR RESIDENT NON-TAXABLE PRORATA SHARE: Part-year residents may prorate interest and dividends income. Individuals filing as part-year residents may deduct on line 4(c) the amount of taxable income earned while not a resident of New Hampshire. To determine the annual taxable income for the pro-rata share calculation, subtract 4(b) the subtotal of non-taxable income from line 3, then apply the following calculation to that figure to determine the amount to enter on line 4(c), part-year resident pro-rata						
share.  Annual taxable income x <u>Number of days a Non-NH Resident</u> 365 days of the year.							
LINE 5 GROSS TAXABLE INCOME: Enter the amount of line 3 minus line 4. Enter thiis amount on page 1, line 6.	•						